

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF INTERGOVERNMENTAL SERVICES VICTIM JUSTICE AND ASSISTANCE PROGRAM

FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FVPSA) QUARTERLY PERFORMANCE REPORT

REPORT PERIOD: Select One

SUBGRANT														
ORGANIZATION			l e											
SUBGRANT							AUTHO							
NUMBER TYPE OF ORGANIZAT					C.I.		OFFICIA							
TYPE (Select			FY OTHER	NOT 121011	IDE \ ((0=	10.40 DDEV	1011011	5000	\
to diam								ICATED – DO						
inaicai	te tne	num	ber of all	VICUIN	ıs serv	rea by go					ients serve	a only in E	attere	rs Intervention
Services; count them in Section E. 1. PRIMARY VICTIMS														
				Α.	RESID	DENTIAL			B. NON-RESIDENTIAL					
Women			Men		Children		Youth IPV		Women		Men Child		en	Youth IPV
							Victim							Victim
		Bla	Black or African		Hispanic		Indian or Native		Black or African		Hispanic or		India	an or Native
			America	n		-		merican	American		Latino		American	
i. RAC	CE	Asian		Pac	cific Caucas		sian Unknown		Asian		Pacific	Caucasian		Unknown or
		American		Islaı	nder	der		or Other	American		Islander			Other
			Female		Male		Not	Specified	Female		Male		Not Specified	
ii. GENDER														
									•					
iii	0 – 12		13 – 17	18 -	- 24	25 – 59	60-	+ Unknowr	0 – 12	13 – 17	18 - 24	25 – 59	60	+ Unknown
AGE														
										•				
								2. SECOND	ARY VICTIN	/IS				
						NTIAL						-RESIDEN		
Wo	men		Mer			NTIAL hildren		Youth IPV	Women		B. NON Men	-RESIDEN Childr		Youth IPV
Wo	men													Youth IPV Victim
Wo	men	Pla	Mer	1	Cl	hildren	,	Youth IPV Victim	Women	1	Men	Childr	en	Victim
Wo	men		Mer	rican	His	hildren panic	India	Youth IPV Victim	Women	African	Men Hispan	Childr ic or	en	Victim an or Native
			Mer	rican	His	hildren	India	Youth IPV Victim	Women	African	Men	Childr ic or	en	Victim
Wo			Mer ck or Afi America	rican	His or L	panic Latino	India	Youth IPV Victim n or Native merican	Women Black or A Americ	African	Men Hispan Latir	Childr ic or	India	Victim an or Native American
		Δ	Mer ck or Afi America	rican in Pac	His or L	hildren panic	India	Youth IPV Victim n or Native merican Unknown	Women Black or A Americ	African can	Men Hispan Latin	Childr ic or	India	Victim an or Native American Unknown or
		Δ	Mer ck or Afi America	rican	His or L	panic Latino	India	Youth IPV Victim n or Native merican	Women Black or A Americ	African can	Men Hispan Latir	Childr ic or	India	Victim an or Native American
		Δ	Mer ck or Afi America Asian nerican	rican in Pac Islar	His or L	panic Latino Cauca	India Ai	Youth IPV Victim n or Native merican Unknown or Other	Women Black or A American	African can	Men Hispan Latin acific ander	ic or no Caucas	India A	Victim an or Native American Unknown or Other
i. RAC	E	Am	Mer ck or Afi America	rican in Pac Islar	His or L	panic Latino	India Ai	Youth IPV Victim n or Native merican Unknown	Women Black or A Americ	African can	Men Hispan Latin acific ander	Childr ic or	India A	Victim an or Native American Unknown or
	E	Am	Mer ck or Afi America Asian nerican	rican in Pac Islar	His or L	panic Latino Cauca	India Ai	Youth IPV Victim n or Native merican Unknown or Other	Women Black or A American	African can	Men Hispan Latin acific ander	ic or no Caucas	India A	Victim an or Native American Unknown or Other
i. RAC	E	Am	Mer ck or Afi America Asian nerican	rican in Pac Islar	His or L sific nder	panic Latino Cauca	India Ai	Youth IPV Victim n or Native merican Unknown or Other Specified	Women Black or A American Asian American	African can	Men Hispan Latin acific ander	ic or no Caucas	India A	Victim an or Native American Unknown or Other ot Specified
i. RAC	E NDER	Am	Mer ck or Afi America Asian nerican	rican n Pac Islar	His or L sific nder	panic Latino Cauca	India Ai	Youth IPV Victim n or Native merican Unknown or Other Specified	Women Black or A American Asian American	African can Pa Isla	Hispan Latin acific ander	ic or no Caucas	India A	Victim an or Native American Unknown or Other ot Specified

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Indicate the number of shelter nights for each person that arrives and is provided a shelter bed. Count the number of people housed times the number of nights.										
OR										
a. Prog	ram reacl	hed	b. Did not meet		c. Services not	d. Transportation				
capacity			eligibility r	equirements	appropriate	Problems				
_										
e. Substance Abuse				Health		h. Inadequate				
Problems			Problems		male adolescent	language capacity				
i lask of comicas for		: Have of an aretion		l. Caarranhia	I Duagnama mulas mat					
			j. Hours of operation		•	I. Program rules not acceptable to victim				
uisableu victiiii				isolation of victim	acceptable to victili					
m. Other (specify)										
SECTION C – RELATED SERVICES AND ASSISTANCE FOR ADULT										
of service (contacts a	nd/or h	ours provide	d regardless of	length. Report total hou	rs in whole numbers.				
LS (Total	Calls)									
SELING & ADVOCAY			Number of Service Contacts		Number of Hours					
			_			rs in whole numbers				
1. SUPPORTIVE COUNSELING & ADVOCACY					Number of Hours					
			Contacts							
b. Group										
LDREN										
ities										
b. Group Activities										
	a. Prograpacity e. Substance i. Lack of disabled m. Other SECON SECTION SECTIO	a. Program reach capacity e. Substance About Problems i. Lack of service disabled victim m. Other (specifical Section Contacts of the conta	orfice section of service contacts and/or felling & ADVOCAY SECTION D — RELATED fervice contacts and/or felling & ADVOCACY SECTION & ADVOCACY SECTION & ADVOCACY SECTION & ADVOCACY SECTION & ADVOCACY	a. Program reached capacity eligibility results for each person that arrivations the second capacity eligibility results for e	SECTION B — RESIDENTIAL SERVICES AND ASSISTATE OF service contacts and/or hours provided regardless of ELING & ADVOCACY Nether seach person that arrives and is proving housed times the number of night housed times the number of operation disabled victim I. Lack of services for disabled victim The number of service contacts and/or hours provided regardless of the number of Service contacts SECTION D — RELATED SERVICES AND ASSISTANT of service contacts and/or hours provided regardless of the number of Service contacts SECTION D — RELATED SERVICES AND ASSISTANT of service contacts and/or hours provided regardless of the number of Service contacts SECTION D — RELATED SERVICES AND ASSISTANT of service contacts and/or hours provided regardless of the number of Service contacts.	SECTION B – RESIDENTIAL SERVICE f shelter nights for each person that arrives and is provided a shelter bed. Count housed times the number of nights. OR a. Program reached capacity eligibility requirements appropriate e. Substance Abuse Problems f. Mental Health Problems g. Accompanied by male adolescent i. Lack of services for disabled victim g. Hours of operation isolation of victim isolation of victim m. Other (specify) SECTION C – RELATED SERVICES AND ASSISTANCE FOR ADULT of service contacts and/or hours provided regardless of length. Report total hours Contacts SECTION D – RELATED SERVICES AND ASSISTANCE FOR CHILDREN of service contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length. Report total hours contacts and/or hours provided regardless of length.				

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SUBGRANT								
ORGANIZATION								
SUBGRANT NUMBER	AU	THORIZED						
	OF	FICIAL						
	SECTION I	– BATTEREF	INTERVEN	ITION	SERVICES			
Indicate the number						are funded by FVPSA.		
1. INTERVENTION/COL	UNSELING SERVICES	Number o	f Clients	N	umber of Service	Number of Hours		
					Contacts			
a. Individual Cou	nseling				001100000			
b. Group Counsel								
Di Group Courisci		MUNITY EDII	CATION AN	ID DI	JBLIC AWARENESS			
	SECTION COM	WICHITT EDG	CATIONAL	יוטו	DEIC AVVAILENESS			
Indicate the total number	er of trainina and commu	nitv education	presentatio	ns. Ir	ndicate the total numbe	er of individuals attending	a .	
1. COMMUNITY EDUC			<u>'</u>		Number of	Number of		
	-		Pres		sentations/Activities	Participants		
a. Adults/Genera	l Population							
b. Youth Targeted	•							
2. COMMUNITY AWAR								
Z. COMMONITI AWA	TENESS ACTIVITIES							
	SECT	ION G – SERV	ICE OUTCO	ME	DATA			
For each program fro	om which you collected o responses you received							
1. SURVEY TYPE			er of Surve		Number of YES	Number of YES		
			Completed		Responses to	Responses to Safet	tv	
			Completed		Resource Outcome	•	• 7	
a. Shelter Survey					1100001100	. Cuttome	_	
	es & Advocacy Survey							
c. Counseling Sur								
d. Support Group	•							
e. TOTAL	Julvey							
c. IOIAL								
☐ I certify that I am	the authorized or actir	na authorized	official of	the si	uharant organization	named above. The		
	t are a true and accura	_	-		-			
•		-	-		•			
•	•					ct upon which reliance		
will be placed by the S	State of Arkansas, Dep	artment of Fi	nance and <i>i</i>	Admi	nistration.			
				_				
Authorized Official Sig	inature			D.	ate			
Authorized Official Sig	, iiutui C			D (u . C			

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REVISED: FEBRUARY 2009 ATTACH PROGRAM SPECIFIC REQUIREMENTS AND QUARTERLY STATISTICAL SUMMARY REPORTS